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Fill	in this information to identify your c	ase:									
De	btor 1 Pavel Balon										
	btor 2ouse, if filing)				_						
Un	ited States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	4							
Ca	se number 19-17762				Check if this is:						
(If known)							An amended filing				
									g postpetition ollowing date:		
0	fficial Form 106I					MM /	DD/ YY	/YY			
S	chedule I: Your Inc	ome								12/15	
spo	plying correct information. If you buse. If you are separated and you ach a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not inclu	de infor	mati	on about yo	ur spou	ıse. If mo	ore space is	needed,	
1.	Fill in your employment information.	Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job,		■ Employed				☐ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed				☐ Not employed				
	employers.	Occupation	Realtor								
	Include part-time, seasonal, or self-employed work.	Employer's name	REMAX								
	Occupation may include student or homemaker, if it applies.	Employer's address	Fairless HIIIs, P								
	How long employed there?										
Pa	rt 2: Give Details About Mor	nthly Income									
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0	in the s	space. Inc	clude your no	n-filing	
	ou or your non-filing spouse have more space, attach a separate sheet to		ombine the informatio	n for all e	empl	oyers for that	t person	on the li	nes below. If	you need	
						For Debtor	r 1		otor 2 or ng spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A		
3.	Estimate and list monthly overt		3.	+\$		0.00	+\$	N/A			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.0	00	\$	N/A		

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Pavel Balon	_	C	Case number (if kn	own)	19-17	762		
					For Debtor 1			Debtor filing s	2 or spouse	
	Cop	by line 4 here	4.		\$0	.00	\$		N/A	<u>-</u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ 0	.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$ 0	.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d			.00	\$		N/A	_
	5e.	Insurance	5e			.00	\$		N/A	_
	5f.	Domestic support obligations Union dues	5f.			.00	\$		N/A	_
	5g. 5h.	Other deductions. Specify:	5g 5h		·	.00	· · · · · · · · · · · · · · · · · · ·		N/A N/A	_
6		· · · · · · · · · · · · · · · · · · ·	_ 6.		·		· •			-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.			Ť Ŭ	.00	· 		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	•	\$0	.00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$4,800	.00	\$		N/A	_
	8b.	Interest and dividends	8b		\$0	.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			Φ 0		¢.		N 1/A	
	8d.	settlement, and property settlement. Unemployment compensation	8c 8d			.00	\$		N/A N/A	_
	8e.	Social Security	8e			.00	\$ 		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:				.00	* *		N/A	-
	8g.	Pension or retirement income	8g		\$ 0	.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	.+	\$0	.00	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,800	.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,800.00	+ \$		N/A	= \$	4,800.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	4,000.00	•		1474		4,000.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe		. ,				e <i>J</i> . +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	4,800.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combine month!	ned ly income
		No. Yes Evolain:								

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